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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Maricopa State Arizona Registered No. 1340  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. 1105 N. 10th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME

Edith J. Haws  
 (a) Residence. No. Los Angeles, Calif. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. I mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S. if of foreign birth? 20 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Isaac Haws</u>		
6. DATE OF BIRTH (month, day and year) <u>May 4, 1902</u>		
7. AGE Years <u>24</u> Months <u>0</u> Days <u>28</u>	IF LESS than 1 day _____ hrs. _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (city or town) _____ (State or country) <u>Canada</u>		
10. NAME OF FATHER <u>Not Known</u>		
11. BIRTHPLACE OF FATHER _____ (State or country) _____ (city or town) _____		
12. MAIDEN NAME OF MOTHER _____ (State or country) _____		
13. BIRTHPLACE OF MOTHER _____ (State or country) _____		

14. Informant Isaac Haws  
 (Address) McClures Pharmacy  
 15. Filed 6/15/26 Registrar W. C. Luech

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 12, 1926

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1926 to June 12, 1926,  
 that I last saw h. alive on June 12, 1926  
 and that death occurred, on the date stated above, at 3:20 PM  
 The CAUSE OF DEATH was as follows:  
Myocardial Degeneration

(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Spontaneous Pneumothorax  
 (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

18. Where was disease contracted \_\_\_\_\_  
 If not at place of death? \_\_\_\_\_  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? No  
 What was confirmed diagnosis? usual  
 (Signed) W. C. Luech M. D.  
June 14 1926 (Address) Phoenix

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Cemetery DATE OF BURIAL June 14, 1926  
 20. UNDERTAKER A. L. Moore & Sons ADDRESS \_\_\_\_\_

MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked. THIS IS A PERMANENT RECORD. USE OF DEATH IN plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.